

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90127 038 ***150.00

DOCUMENT # P06000102659

1. Entity Name
PAIN MANAGEMENT CENTER OF NAPLES, PA



Principal Place of Business
**11181 HEALTH PARK BLVD.
#2240
NAPLES, FL 34110**

Mailing Address
**11181 HEALTH PARK BLVD.
#2240
NAPLES, FL 34110**

90125313



DO NOT WRITE IN THIS SPACE

06212007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5332623

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORTHY, PRATHIMA
11181 HEALTH PARK BLVD.
2240
NAPLES, FL 34110**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

6/26/07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MOORTHY, PRATHIMA**
STREET ADDRESS **11181 HEALTH PARK BLVD. #2240**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VP**
NAME **NANAVATI, SHARDUL**
STREET ADDRESS **11181 HEALTH PARK BLVD. #2240**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/07